C+D

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24 November 2007

European virtual chain hits UK

PCTs backing pharmacy on out-of-hours

- C+D gets its teeth into the latest NHS contract statistics
- John D'Arcy on life after leaving the NPA

The new look Care Cough & Cold Range

Care is the 2nd biggest OTC brand sold into UK pharmacies[1] - and now that our new look range of Winter Cough & Cold treatments is dressed in packaging designed to catch the eye of modern mums, it's set to become this season's hottest little mover.

[1] IMS Volume Data (MAT June 2007) and Care ex-factory volume (MAT June 2007)

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Comment from the Editor

> "No wonder A&E departments are in such a state"

Over half of PCTs expect an expansion in the number of community pharmacies providing out-of-hours (OOH) services within the next 12 months, according to our exclusive survey (p7).

At face value this is great news, but perhaps the reality is somewhat different. According to statistics released last week by the NHS Information Centre (p14), the number of OOH services PCTs commissioned from pharmacies in England and Wales actually fell 12 per cent to 1,435 between 2005-06 and 2006-07.

So despite the mass exodus of GPs from weekend working and the ministerial obsession with access, choice and plurality of services, only about a seventh of pharmacies in England and Wales are commissioned to provide such services. No wonder A&E departments are in such a state.

In a similar vein, Wales's first minister Rhodri Morgan this week championed the role of pharmacists in tackling OOH care (p10). That a colleague of his was bounced from his surgery to the local hospital and back again in an attempt to get his medication just demonstrates the lack of joined up thinking that seems all too familiar in primary care. The proposed Welsh national minor ailments scheme and PGD service allowing pharmacists to supply emergency medicines on the NHS cannot come soon enough.

No doubt the UK's health departments will collectively argue that it's all down to local negotiation – that pharmacy needs to present its case to local commissioners. It sounds simple but, as Hampshire & Isle of Wight LPC's Mike Holden says, in practice PCTs are "talking the talk but not walking the walk" (p7).

With the commissioning of enhanced services at best patchy, the much-hyped white paper due next year must address the under-utilisation of pharmacists. Pharmacists have been given prescribing rights, there is an ever increasing number of POM to P switches and technicians are developing the skills necessary to free pharmacists from the dispensing process, but without nationally agreed and funded services, pharmacy will find it increasingly difficult to work with GPs to provide the services their communities deserve.

Gary Paragpuri, Editor

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recycle

Euro 'virtual chain' heads for UK

UniChem's Alphega Pharmacy branding concept targets independents with business support package

James Clegg

UniChem has launched a virtual chain in a bid to capture extra business from independent pharmacies, C+D can exclusively reveal.

UniChem will use its Alphega Pharmacy branding to offer independents professional training, retail and marketing support, and help with IT. Members will also have access to a pharmacy services manager to boost clinical services.

The concept will be tested in the UK at five pilot pharmacies. UniChem plans a further roll-out in the new year.

UniChem chief commercial officer Jeremy Main said: "We are not trying to do Numark or Nucare Mark II. What pharmacists have said is that in this changing world they want to be part of something that can move forward."

The Alphega chain already has 800 pharmacies across Italy, France and Spain and is being launched in the UK with the aid of UniChem's parent company, Alliance Boots.

The wholesaler was keen to stress that current customers who did not want to join would not lose the existing level of support.

Mr Main could not confirm whether Alphega members would get a tailored own brand medicine range. He said there were no current plans for Boots brands such as No7 to be featured but that there were plans to roll out Alvita, Alliance Boots' patient care products range.

He was also unable to comment, at this stage, on membership costs. Mr Main said: "We are still working on that. It's not about how much it costs in terms of other chains, it's what kind of return you get."

Is Alphega good news for independents?
haveyoursay@cmpmedica.com

Already established across Italy, France and Spain, the Alphega livery is now heading for the UK's high streets

Compulsory CPD faces delay

Mandatory continuing professional development for pharmacists is "unlikely" to come into force next autumn, and could be delayed until after the proposed General Pharmaceutical Council's 2010 takeover of regulation, the Department of Health has revealed.

The DH plans a "critique" of the Pharmacists and Pharmacist Technicians Order, which makes CPD mandatory, England's chief pharmacist Keith Ridge said.

This was necessary because of developments since the Order's publication, including the regulatory white paper, the Health and Social Care Bill and the plans to split the RPSGB's regulatory and professional leadership roles.

The implementation of several areas of the Order are likely to be delayed in light of this review, Dr Ridge said, including aspects of education as well as CPD.

The DH is currently seeking legal advice on when mandatory CPD would be best introduced. DH head of pharmacy Jeannette Howe said: "We may find it is not sensible to proceed with CPD now but to wait until we've got the new GPhC and its new powers."

Royal Pharmaceutical Society chief executive Jeremy Holmes said he was "disappointed" by the news. The Society would review its options for assuring the public that pharmacists and technicians were keeping up to date by undertaking CPD, once the DH had given further details on the reasons and timescale for the delay, he said. **JR**

What do you think of the delay?
haveyoursay@cmpmedica.com

Dual regulation for enhanced services

Some pharmacists may soon have to register with two regulatory bodies, paying two corresponding fees, the Department of Health has said.

The passing of the Health and Social Care Bill could see pharmacists who offer certain enhanced services having to register with the proposed Care Quality Commission, an integrated regulator for health and adult social care, as well as the planned General Pharmaceutical Council.

The Bill is expected to achieve royal assent between July and October of next year. But the services that could warrant dual regulation remain unclear.

Jeannette Howe, DH head of pharmacy, said: "DH will be consulting on the activities to be regulated by the Care Quality Commission during the passage of the Bill through parliament."


Keith Ridge announced a DH 'critique' of the current Section 60 order

Growth in 100-hours

The number of 100-hour pharmacy contracts awarded has jumped by 66 per cent in the past year, official figures have revealed.

An additional 103 stores were given permission to open under the control of entry exemption in the 12 months to March 2007. Thirty three contracts were granted to out-of-town shopping developments, 19 to mail order or internet pharmacies and five to stores in primary care centres.

The additions to the network were highlighted in official figures released by The Information Centre on pharmaceutical services provided in England and Wales.

The statistics also showed the number of MURs up to 579,965. However, the number of pharmacies accredited to perform MURs increased by a more sober 50 per cent, giving an indication of polarisation. Forty four per cent of the profession are still to achieve MUR accreditation. **TH**

Get behind the stats. See C+D's community pharmacy fact file on page 14

PCTs failing to fulfil out-of-hours potential

Good intentions for pharmacy going to waste, C+D/Webstar Health poll finds

Jennifer Richardson

Primary care trusts expect pharmacy out-of-hours (OOH) care to increase in the near future, but figures show the number of services commissioned has actually declined in the past year.

A C+D/Webstar Health poll of 41 PCT pharmacy stakeholders revealed 55 per cent see pharmacy unscheduled care expanding over the next year, compared to just 32 per cent predicting a rise in services through GPs.

While 10 per cent thought GP unscheduled care services would diminish, none of those questioned expected pharmacy OOH services to decrease over the same time period, the survey showed.

However, statistics released by the NHS Information Centre this week highlighted that the number of OOH services commissioned through pharmacies in England and Wales fell 12 per cent from 1,627 to 1,435 between 2005-06 and 2006-07.

Hampshire & IoW LPC chief officer Mike Holden said this apparent contradiction between expectation and reality was a case of PCTs "talking the talk but not walking the walk".

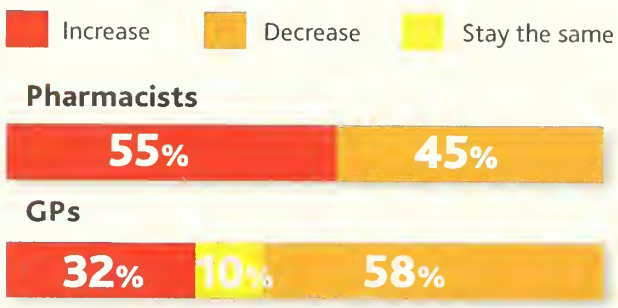
Survey respondents and other stakeholders suggested it could be due to a lag in commissioners getting to grips with the pharmacy contract, and the delaying effect of PCT mergers.

City & Hackney Teaching PCT head of prescribing and pharmacy Jonathan Mason added that the will to commission could be being thwarted by lack of funding.

"While you might have plans to commission, if you don't have the money you can't," he said. "[OOH] can fall to very low on the agenda." But he was confident the expected increase in pharmacy OOH services would be realised.

Another PCT pharmaceutical advisor, who did not wish to be identified, agreed. "A lot of pharmacy schemes are in the right framework to fit the bill for OOH care," she said. "The risk for community pharmacists is if they don't put themselves forward, outside providers might jump in," she added.

Over the next year do you expect the provision of OOH services through the following stakeholders to:



Farewell Simon: Numark managing director Simon Colebeck has died of lung cancer. Colleagues paid homage to a "gregarious" personality with an "ever present smile". Mr Colebeck has been at the helm of the Numark pharmacy group since its takeover by Phoenix Healthcare in October 2005. He was diagnosed with cancer this June. C+D encourages all those who knew Mr Colebeck to send tributes to haveyoursay@cmpmedica.com. We will pass on messages of support to Mr Colebeck's family

Industry verdict on OOH poll

"Provision of out-of-hours care through pharmacies is of major importance to enable patients to access healthcare advice when most other providers, such as GPs, are closed. The poll results are encouraging and possibly reflect increased recognition by PCTs to consider community pharmacy as a front line provider of unscheduled care."
PSNC spokesperson

"Services provided by GPs and pharmacists are not interchangeable. If primary care organisations wish to expand pharmaceutical services to complement the work of GPs out of hours, it would only enhance the comprehensiveness of the whole service. But it would be a mistake to assume that one type of service could be substituted for another."
Dr Chaand Nagpaul, British Medical Association GP Committee

"It's possible it's taken time for the contract to bed in and it may be that people are only just realising these sorts of things can be commissioned through pharmacy. LPCs have a role here in talking to the PCTs about how useful pharmacy can be out of hours."
Heidi Wright, head of practice, RPSGB

"[PCTs] are pushing for GPs to open longer hours when they haven't really considered what pharmacists can offer."
David Bearman, chairman, Devon LPC

News in brief

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for November prescriptions: liothyronine 20mcg tablets.

Voltarol switch

The MHRA has launched a consultation on switching Voltarol Pain-eze tablets from POM to P status.
www.mhra.gov.uk

Mobiles win OTC prizes!

Like winning prizes but too busy to enter? Don't worry, with SMS entry for the Brandwatch competition in OTC magazine all you need is the mag and your mobile. Go to page 38 in November's OTC for entry details.

Update race hots up

The names of the pharmacists successfully through to the next round of the Update Knockout competition, supported by Genus Pharmaceuticals, can be viewed at www.chemistanddruggist.co.uk.

Phoenix offer accepted

The board of Phoenix has received over 90 per cent valid acceptances for its takeover offer for Nucare, giving it ownership of the company. Nucare shareholders who have not yet responded are urged do so as soon as possible. Phoenix will buy the remaining shares by compulsory acquisition.

£25,000 cheque

Lloydspharmacy presented the Roy Castle Lung Cancer foundation with a cheque for £25,000, at the company's Lung Cancer Awareness Month launch at its flagship pharmacy in Vauxhall, London last week. See www.chemistanddruggist.co.uk for more information.

Cash for Scottish health

The Scottish Government has allocated £11.2 billion to public spending on health next year, amounting to £2,200 for every member of the population. Spending is set to rise to £12.2bn for 2010-2011, with £97 million over the next three years allocated to phasing out prescription charges.

Dispensary TALK

Should the Pill be made a P medicine?

"If the training is in place and pharmacists are happy to do it then yes because it will open up access to contraception to women. But I think training needs to be in place first."
Kate Forsey, Lloydspharmacy, Bellingham, London

"My initial reaction is probably yes. But I suspect the costs might preclude it from being that popular. I suspect when faced with the charge customers will go and get a prescription."
Roy Gillman, Sheffield Pharmacy, Hertford

WEB VERDICT:

Yes: 54%
No: 46%

Armchair view: The ayes to the right have it by a whisker as Baroness Finlay gets the vote for her plans to make the pill a P medicine.

This week: As new statistics show a boom in the number of 100-hour pharmacy openings, we ask will control of entry be relaxed further in the government's white paper next year? Vote at: **www.chemistanddruggist.co.uk**

Heavy losses loom under pack switch plan

PSNC and NPA demand MHRA rethink of April deadline for pseudoephedrine changes

Max Gosney

Pharmacists face "unacceptable costs" unless they are given more time to sell off drug packs made redundant under stricter OTC sales controls, trade representatives have warned.

PSNC and NPA urged the MHRA to rethink plans to make products containing more than 720mg of pseudoephedrine and 180mg ephedrine prescription only by April next year.

The MHRA claims the measures will prevent criminals bulk buying medicines at pharmacies to home brew the class A drug crystal meth.

Both organisations expressed qualified support for stricter controls. But, the profession could be left out of pocket unless the transition period for reclassification was extended, stressed Colette McCreedy, NPA director of practice. She said: "We believe that the transition period should be extended to September 2008 so that sufficient time is allowed for pharmacists to sell existing stocks to avoid unacceptable losses."

PSNC also urged an extension to the MHRA deadline. Pharmacists could be left with "obsolete stock" that they would be unable to split into smaller quantities for resale, the organisation warned.

The MHRA closed its consultation on making larger packs POM last week.

Heavy industry opposition under C+D's Stop the Switch campaign persuaded the drugs regulator to put on hold plans to reclassify all pseudoephedrine and ephedrine products this September.

See NPA and PSNC responses at www.chemistanddruggist.co.uk.

Are you being served? Health secretary Alan Johnson (left) joined Lloydspharmacy's managing director Justin Ash (right) for a tour of a Lloydspharmacy in Hull. A company spokesperson said Mr Ash was pleased to have the opportunity to show Mr Johnson what pharmacy was capable of, and that getting MPs to visit pharmacies was simply a case of inviting them. "Ask them and they will come," she said. "It's all about co-operating with ministers to work out how pharmacy can contribute to primary care."

Have you asked an MP to visit your pharmacy?
jrichardson@cmpmedica.com

Integrate pharmacy into OOH care, says First Minister of Wales

Pharmacy services must be an integral part of out-of-hours (OOH) health services, Wales's First Minister has said.

Making better use of the skills of pharmacists would relieve the burden from GPs, who in turn could cut the number of people ending up in A&E, Rhodri Morgan told Community Pharmacy Wales's (CPW) annual dinner on Monday.

Mr Morgan highlighted the difficulties a patient had faced getting a prescription for eye drops over the weekend, which showed the "inefficiencies" in the system.

However, despite the "active agenda" for utilising pharmacists' skills, he said there was "still an enormous way to go in bringing health services closer to patients".

CPW chairman Phil Parry said CPW had met twice with health minister Edwina Hart and discussed a minor ailments service across Wales and a PGD service to provide emergency supplies on the NHS.

He said he was "confident" that pharmacy will play a major role in achieving the minister's aims of improving healthcare access.

For CPW dinner pictures go to www.chemistanddruggist.co.uk/events **GP**

Oxygen deal agreed

Oxygen supplier Air Products has agreed to short-term continuation of cylinder service provision to Scottish pharmacists.

The supplier will delay its withdrawal from the domiciliary market, planned for this month, until the end of February.

Community Pharmacy Scotland's spokesperson Alex MacKinnon said the new timeframe was "more reasonable".

The Scottish Government is still reviewing home oxygen supply. Mr MacKinnon said: "We have always extolled how good pharmacists are at delivering the oxygen service." **JR**

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TWICE THE PAIN RELIEF INGREDIENT[1]

BEST SELLING NPD so far this season[3]

Active Ingredients:
Paracetamol
Phenylephrine hydrochloride
Guaifenesin

Compared to the leading All In One[2]

Each dose of new Lemsip Max All In One Lemon contains:

Twice the Paracetamol
for headaches, sore throats, fever, body aches and pains
(1000mg Paracetamol)

22% more Phenylephrine
for blocked or runny noses
(12.2mg Phenylephrine hydrochloride)

Plus Guaifenesin
for chesty coughs
(200mg Guaifenesin)

Lemsip Max All In One Lemon Essential Information

Active ingredients: Paracetamol 1000mg, Phenylephrine hydrochloride 12.2mg and Guaifenesin 200mg per sachet. **Indications:** For relief of the symptoms of colds and influenza, including the relief of aches, pains, sore throat, headache, nasal congestion, lowering of temperature and chesty cough. **Dosage Instructions:** Oral administration after dissolution in water. Adults and children over 12: One sachet dissolved by stirring. Dose may be repeated every 4-6 hours. No more than 4 doses should be taken in 24hrs. Not to be given to children under 12 without medical advice. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease. Hypertension. **Precautions:** To be used with caution by patients with severe hepatic or renal dysfunction, Raynaud's Phenomenon, diabetes. Do not take with any other paracetamol-containing products. The product contains paracetamol and the stated dose must not be exceeded. Keep out of the reach of children. If symptoms persist, the patient should consult a doctor. Patients who are pregnant or are being prescribed medicine must seek a doctor's advice before taking this product. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and beta-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates MAOI drugs and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. Not recommended for patients currently receiving or within two weeks of stopping therapy with MAOIs. The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. Guaifenesin may increase the rate of absorption of paracetamol. Guaifenesin may interfere with the diagnostic measurements of urinary 5-hydroxyindoleactic acid or vanillylmandelic acid. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding: occasional doses have no significant effect. Contains aspartame. **Side-Effects:** Adverse effects of paracetamol are rare, but hypersensitivity including skin rash may occur. There have been a few reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to paracetamol. Phenylephrine hydrochloride: High blood pressure with headache and vomiting, probably only in overdosage. Rarely palpitations. Also, rare reports of allergic reactions. **Legal Classification:** GSL. **Licence Holder:** Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. **Licence Number:** PL 00063/0168 **Price:** £4.99 for 10s. **Date of preparation:** May 2007.

Information about adverse event reporting can be found at **www.yellowcard.gov.uk**
Adverse events should also be reported to Medical Services, Reckitt Benckiser Healthcare (UK) Ltd. Telephone 0500 455456.

[1] Compared to the leading All In One [2] AC Nielsen unit sales 52 w/e 8th September 2007 [3] AC Nielsen Cold and Flu database, Value Sales 52 w/e 6th October 2007

News in brief

Astellas disappointment

Scottish pharmacists have added their voices to the disappointment expressed over Astellas Pharma's unilateral supply deal with UniChem for its transplant medicines Prograf and Advagraf. Community Pharmacy Scotland said it was "very concerned at the unreasonably short notice period given". The arrangement comes into effect on Monday.

Fake Viagra raid

Nearly 4,000 fake Viagra tablets have been seized in two separate raids on corner shops in Ealing, in a collaboration between the MHRA and local trading standards authority. All the counterfeit tablets were said to have been sourced from India.

Dashing Darzi

The jury's still out on whether Lord Darzi will save the NHS – but he was on hand to save one of his parliamentary peers. Lord Darzi, currently heading an NHS review, gave heart massage to Lord Brennan when he collapsed at Westminster last week. Lord Brennan is now recovering in hospital.

Model pharmacy opens

Pharmacy students at the University of Nottingham now have access to a fully functioning model pharmacy. It includes dispensary and consultation areas, a stock of dispensed and OTC medicines and a £10,000, three-station Integrated Pharmacy System. The model pharmacy was donated by wholesaler Mawdsleys.

SSL interim results

SSL, owners of Durex and Scholl footwear, have posted their interim results for the six month period ended September 30. Basic sales increased 11 per cent but profit was hit by a £29.4 million cost for restructuring its European supply chain.

Welsh pharmacy board

The Welsh Pharmacy Board held three special regional meetings earlier this month instead of its usual annual general meeting. The move was designed to engage with members across Wales. According to the Board, attendance at the events was double that of last year's AGM.

Struck off for drug deal

Pharmacist supplied cutting agent to cocaine-dealing gang

A Gloucester pharmacist, jailed for three years for conspiracy to supply cocaine, has been struck off.

Gary George Fisher, of Upton St Leonards, Gloucester, made five supplies of Mannitol, a cutting agent for the class A drug, between October 1999 and March 2002, the Royal Pharmaceutical Society heard.

The 45-year-old had claimed he was unaware of its potential illegal use until being warned by his suppliers.

However, striking off Mr Fisher, panel chair Judge Mota Singh QC said: "He participated in serious criminal activity which resulted in him losing his liberty."

Mr Fisher was sentenced to three years for conspiracy to supply cocaine at Bristol Crown Court in May 2006, the disciplinary hearing was told.

Judge Singh said that, although the offence was "totally out of character", the reputation of the profession was more important than any individual member of it.

But, Judge Singh indicated Mr Fisher could apply for restoration after 18 months or at the end of his period on licence from prison, whichever is later.

The statutory committee was told that Mr Fisher had made the supplies to co-conspirator Mark Singh, who had a flat "very close" his pharmacy.

Mr Fisher had claimed he initially assumed Mr Singh's orders for Mannitol had been for "agricultural purposes". He then later thought he had "wanted it for the purposes of selling it on to body builders", the panel was told.

The gang was discovered when police observed a man leaving Mr Singh's flat with a cardboard box said to be the size of three shoe boxes, packed with Mannitol.

Kevin McCartney, acting for Mr Fisher, told the hearing: "Fundamentally, he cares passionately about being a pharmacist." Mr Fisher has three months to appeal. **UKL**

Laughter is the best medicine: RPSGB council member Graham Phillips (right) and College of Pharmacy Practice chief executive Ian Simpson (centre) were among those celebrating PharmacyHealthLink's 21st birthday with a debate of the motion 'This house believes that community pharmacy cannot perform a public health role in a commercial environment'. Chaired by the charity's patron and Liberal Democrat peer Lord Clement-Jones, speeches from Lloydspharmacy's director of pharmacy Andy Murdock, GP Dr Simon Fradd, pharmacist Terry Maguire and WHO consultant Dr Geoff Rayner prompted some lively questions from the floor. See www.chemistanddruggist.co.uk for participants' comments, questions and criticisms

Stricter licensing to combat counterfeits

Britain's leading parallel importers have called for stricter licensing controls and tougher self-regulation to remedy a spate of counterfeit drug discoveries this summer.

Richard Freudenberg, secretary general of the British Association of European Pharmaceutical Distributors, told C+D that only licensed importers should be able to deal with parallel imports.

Mr Freudenberg also suggested that PI firms could self-regulate by carrying out audits of their own supply companies.

"It will eliminate traders in the market – those people only interested in making a quick buck. Or, in the case of wholesalers, if they want to continue in parallel trade they will have to invest in licenses or acquire a PI company."

The comments follow the discoveries of counterfeit Zyprexa, Plavix and Casodex earlier this year. All three entered the supply chain through parallel import.

The MHRA was due to host a summit on combating counterfeit medicines this Thursday.

Mr Freudenberg said: "We've talked to the MHRA about all of these ideas. Whether they'll factor them into their announcements on Thursday, we don't know." **JC**

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Consumer Healthcare

home sweet home

Solpadeine, the no.1 pharmacy pain relief brand[1], belongs in pharmacy.

Ask your Pharmacist first

Solpadeine® *Dedicated to pharmacy*

Reference: 1. AC Nielsen NITRO, Total Coverage GB value sales MAT to w/e 19.05.07.

NEW IN SMOKING CESSATION

THE POWER TO HELP

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment*: No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events*: Dosing may be reduced to 1 mg once daily. *Severe renal impairment*: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease*: Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusis, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for less commonly reported side effects. **Dverdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** PDM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack

Pfizer

THEM QUIT.[1-3]

- **A new class of oral prescription therapy with a unique dual action:**[1,2,4]
  - **Partial agonist** action: Reduces craving and withdrawal symptoms†
  - **Antagonist** action: Reduces the satisfaction associated with smoking†
- **Significantly higher quit rate vs. bupropion or placebo at 12 weeks**[1,2,5]
- **Favourable safety and tolerability profile in approximately 4,000 treated smokers**[6]

f 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed t launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United ingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, urrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

eferences: 1. Gonzales D *et al.* JAMA 2006; 296:47-55.
Jorenby DE *et al.* JAMA 2006; 296:56-63.
Tonstad S *et al.* JAMA 2006;
96:64-71.
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CHA055b
Date of preparation: Nov 2006

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This week's news in pictures at:
www.chemistanddruggist.co.uk/events

Community pharmacy fact file

NHS statistics for England and Wales show MURs booming, multiples on top and 100-hour pharmacies on the rise

Tom Hawkins

The average pharmacy in England and Wales dispensed 5,728 items per month last year, conducted 93 MURs and is likely to be a multiple.

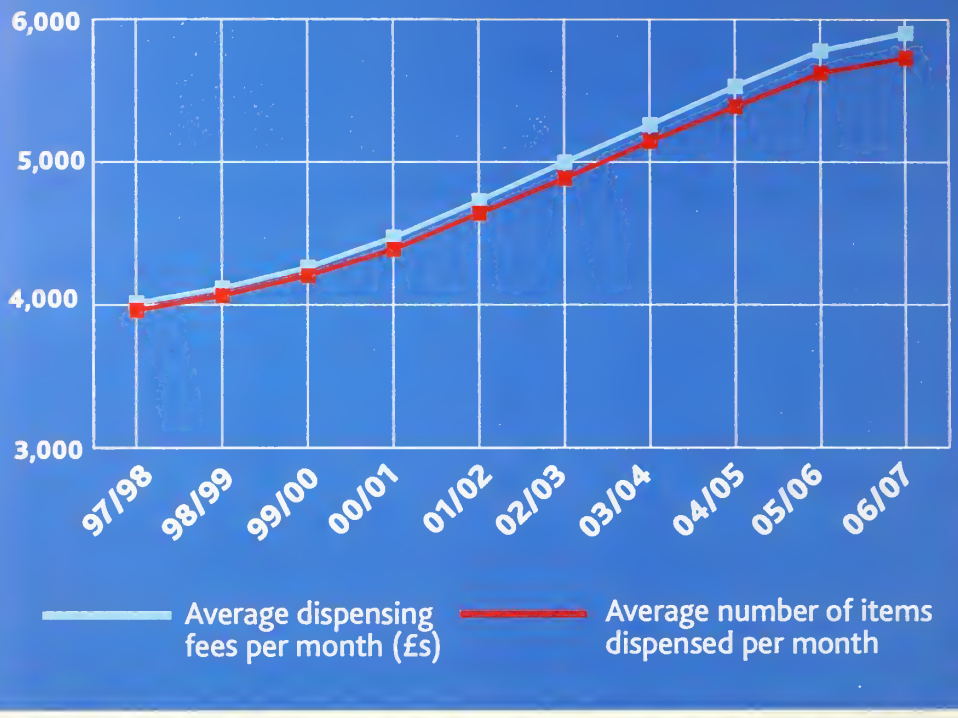
These are the conclusions from the latest report on pharmaceutical services authored by The Information Centre. The study is based on official figures from the NHS Business Services Authority and Health of Wales Information Service collected between March 31, 2006 and March 31, 2007.

It revealed a 2.4 per cent rise in the number of community pharmacies, taking the total to 10,839. Contractors in England bypassed the 10,000 mark for the first time in a decade.

Prescription item volumes were up 31.4 million to 745 million. There was also a rise in the number of prescriptions dispensed per pharmacy providing evidence of increasing workloads.

MUR numbers more than trebled to 579,965 as contractors got up to speed with the advanced service in year two of the contract.

Dispensing statistics



Source: The Information Centre – www.ic.nhs.uk

Services

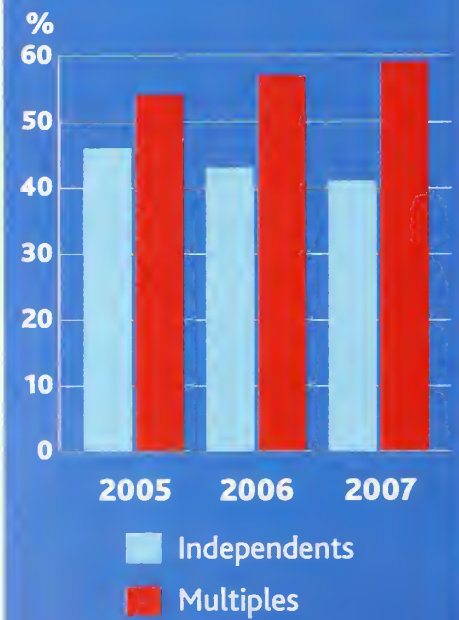
The five fastest-growing enhanced services

1	Medication review	+1,394
2	Stop smoking	+1,193
3	Supervised admin	+897
4	Needle exchange	+509
5	MAS	+379

The increase in the number of services commissioned in 2006-07 versus 2005-06

Despite reports of budget constraints and PCTs' failure to commission, the number of local enhanced services grew 26 per cent to 22,416. The smoking ban made smoking cessation the most popular service while medication review grew fastest. There were declines in the provision of the following services: care home, language access, medicines assessment and compliance support, out-of-hours and screening.

Market share



Multiple pharmacy groups continued to grow their share of the market under the terms of the contract. Chains added a further 359 stores to last year's figure of 360 and now account for 59 per cent of the sector. The number of independent contractors declined by 100 to 4,473.

Control of entry

	Applications granted
100-hour pharmacies	259 (+103)
Out-of-town developments	33 (-18)
Mail order	19 (+1)
One-stop	5 (+4)

Brackets show increase/decrease compared to 2005-06

100-hour pharmacies dominate the list of 316 contract applications granted. Of the 319 requests to open 100-hour pharmacies, 259 were agreed, 39 were refused and 21 were withdrawn. A further five contracts were issued to pharmacies in one-stop primary care centres and there were 19 mail order or internet pharmacies added to the network. Out-of-town shopping developments fell by 35 per cent to 33.

For more on the debate see:
www.chemistanddruggist.co.uk/opinion

Letters

No! Minister – the sequel

Part two of Graham Phillips' response to Dawn Primarolo's exclusive two-part interview with C+D

Last week I asked what happened to the New Labour promise of a joined-up approach to the NHS (including pharmacy, of course) and the promised stability the new pharmacy contract was supposed to deliver. This week will Dawn improve upon her "nil points"?

The news (C+D, November 17, p6) of the plan to merge 76 Birmingham surgeries into 24 so-called super centres is a stark example of how the Law of Unintended Consequences affects pharmacy – so why did the Darzi review fail to consult pharmacists first? The proposed consolidation could at a stroke destroy the local pharmacy network and thereby undermine the local micro-economies that those same pharmacies serve. Very often a local pharmacy is the only health outlet serving areas of high health-inequality; take that away and you have made healthcare less – not more – accessible. Yet again, government rhetoric says one thing but government action ends up achieving exactly the opposite.

Pharmacists have been promised so much and delivered so little. It is demoralising and frustrating – heartbreaking even – especially when successful services such as smoking cessation are pulled. In truth, pharmacy has suffered 10 years of attrition and I, for one, am no longer prepared to accept politicians' emollient weasel words.

Still "nil points" I'm afraid.

By way of contrast it was interesting listening to Andrew Lansley, the Tory shadow health minister, at the Pharmacy Show last month. He was honest enough to recognise that GPs see the NHS as "their private garden" and he was prepared to challenge that situation. Unlike Dawn Primarolo, he made a specific and public commitment to:

- guaranteeing pharmacists a place on practice-based commissioning groups
- ring-fenced money for public health services through community pharmacy
- recognition that community pharmacists must see financial and organisational stability and a return on their investment in the NHS.

An election can't be far away. The Tories and New Labour are neck and neck and millions of voters visit UK pharmacies every day. Maybe what the NHS and the profession need now is a change of government. Time to get political?

Graham Phillips, community pharmacist, Manor Pharmacy Group, Hertfordshire

Is Graham right? Comment at: **www.chemistanddruggist.co.uk/letters**

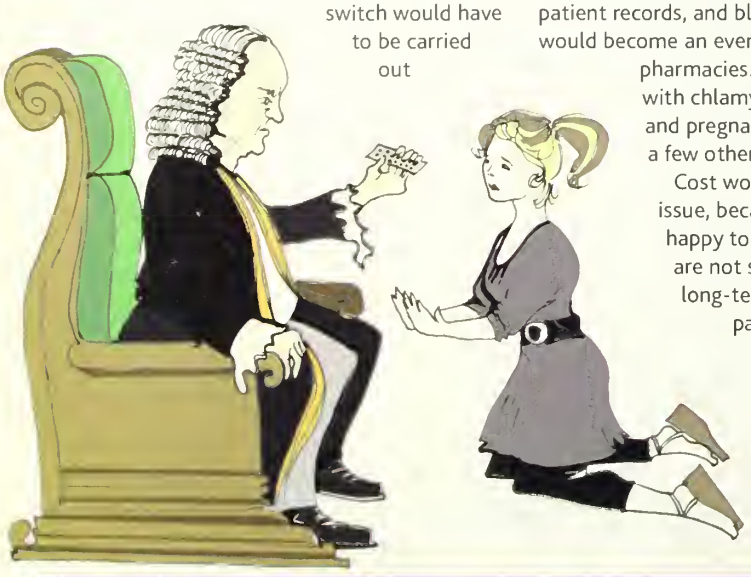
Xrayser

Let's p-p-pick up the Pill

The fact that the president of the Royal Society of Medicine is arguing our case in the House of Lords is a great sign that public confidence is behind us, in relation to OTC medicines sales at least (C+D, November 17, p8).

I think that making the contraceptive pill available over the counter is a great idea, and one which would reinforce our position at the centre of public health.

But the POM to P switch would have to be carried out differently to all those that have gone before.



Switches are initiated for a particular product by its manufacturer, but it would be a mistake for only one brand of Pill to be available OTC. That would not increase choice, but discriminate against women for whom that Pill was not the first choice, and for a product that may not have advantages over other pills that remained POM.

But if it were to happen, this could be the switch that really enhanced our role. If we were to initiate prescribing we would need access to patient records, and blood pressure testing would become an everyday event in most pharmacies. It would tie in perfectly with chlamydia screening, EHC sales and pregnancy testing, to name but a few other services.

Cost would undoubtedly be an issue, because while patients are happy to pay for treatments, they are not so keen on paying for long-term prevention. This was part of the reason why OTC simvastatin failed to take off.

Wouldn't it be brilliant if the government funded us to supply the Pill free?

The most obvious supply model would be to sell all brands, but only to patients for whom we had a record of recent previous dispensing of the same brand via prescription. And perhaps we should only supply a month's worth at a time.

Number one nailed for nits

Margaret and Jean always seem to get tied in knots when asked to recommend a head lice treatment. Which is the most effective? Which is easiest? Why wouldn't I want to use an insecticide? Why do they recommend a different type elsewhere? The questions seem endless.

Perhaps my counter staff need no longer get in a tizz over which treatment does the biz. Now dimeticone has been proven to be significantly more effective than insecticide (C+D, November 17, p14), why recommend anything else? Forget rotation policies and safety issues, we can simply recommend dimeticone.

Customers who ask for a product by name can always have the one they want, but we would be cheating people if we recommended anything but the best.

Is Xrayser right? Comment at www.chemistanddruggist.co.uk/xrayser

The D'Arcy angle

John D'Arcy

Don't throw the baby out with the bathwater

The responsible pharmacist consultation has now been published and is the latest step in the process of modernising the requirements of "personal control" and "supervision" to allow for the best use to be made of the skills of pharmacists and their staff.

The sheer size of the document is an indication of the complexity of this issue. Many in the profession see "supervision" – in the sense of a pharmacist's personal involvement in everything that goes on in the pharmacy – as the cornerstone of community pharmacy practice. However, such a position is becoming increasingly untenable given how busy pharmacies are. And this is intensifying as we attempt to take on new roles on top of a day job, which is by any standards pretty demanding.

On supervision, pharmacy is between a rock and a hard place. Things cannot stay as they are. Pharmacy has to do more to add value to the supply role. This involves engaging with patients and will not happen if pharmacists remain nailed to a dispensary bench. On the other hand, an over-relaxation of the current controls could result in the proverbial baby being thrown out with the bathwater.

As ever, a balance needs to be struck. We need a framework for supervision that gives patients the best deal in terms of safety and access to pharmacy services. Much emphasis is placed on the need to get away from

> "On supervision, pharmacy is between a rock and a hard place"

pharmacy premises to provide services at distant locations. There is no doubt that pharmacists do need to leave premises at times to visit GP surgeries, PCOs or housebound patients. However the principal action zone is in the pharmacy itself because this is where the vast majority of patients are.

We must get involved in this vitally important consultation on supervision to ensure that we get a sensible framework that strikes the appropriate balance. In doing this, we must not lose sight of the key strength of pharmacy – instant access to the pharmacist. The much used Ask Your Pharmacist message will have a very hollow ring if the pharmacist isn't there.

John D'Arcy, commercial director, Rowlands

Life after the NPA: John D'Arcy tells all on page 32

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It has been brought to our attention that UK pharmacists have had difficulties obtaining supplies of **Prograf®** for their patients from their wholesalers. The timely supply of all medicinal products is critical and it is particularly vital that transplant patients receive their prescribed medicines regularly.

In response, we have had to act with urgency to ensure the supply of these medicines to our transplant patients.

We have therefore taken the decision to distribute all our transplant medicines directly to pharmacists and other dispensing points with effect from 26th November 2007.

We have appointed **UniChem,** with its service and coverage expertise, as our sole distribution logistics service provider in the UK for all our transplant medicines. In Northern Ireland **UniChem** has sub-contracted **Sangers (NI) Ltd** to deliver these medicines on its behalf. We are confident this action will ensure the supply of these life saving medicines to UK patients.

To make this change as smooth as possible, there will be a handover period until 26th November 2007. Until this date, you will be able to order Astellas **Prograf®** and **Advagraf®** from your current wholesaler. The vast majority of dispensing points are already ordering some, or all, of their medicines through **UniChem/Sangers (NI) Ltd** and will be able to order our transplant medicines **(Prograf® and Advagraf®)** through their existing accounts. **UniChem/Sangers (NI) Ltd** will be contacting all customers shortly to confirm ordering processes. Any dispensing point that does not currently have a trading account with **UniChem/Sangers (NI) Ltd** and wishes to obtain our transplant medicines from 26th November 2007 should contact **UniChem** immediately on **0800 389 3455 or e-mail sales_customersupport@unichem.co.uk** or **Sangers (NI) Ltd** on 02890 401111.

To ensure the timely delivery of Astellas Prograf® and Advagraf® you should place orders directly with UniChem from 26th November 2007.

If you have any enquires regarding this change or if you experience issues ordering **Prograf®/Advagraf®** please contact Astellas Customer Services on **01784 419 615.** For medical information about **Prograf®/Advagraf®** please contact our medical information department on **0800 783 5018.**

Please note this change only applies to our transplant medicines. All other Astellas Pharma Ltd. products can be ordered in the normal way.

We hope you understand that this decision was not taken lightly. Our responsibility as holders of the UK marketing authorisation for **Prograf®** and **Advagraf®** is to ensure the supply of these vital medicines to pharmacists and their patients in the UK.

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Don't underestimate heart rate

An increased heart rate is an important but often overlooked risk factor for cardiovascular disease

Key points

- Heart rate is an independent risk factor for cardiovascular disease and mortality, comparable in importance to smoking, dyslipidemia and hypertension.
- In the general population, a resting heart rate higher than 90bpm appears to be associated with poor outcomes. However, the risk increases continuously above 60bpm.
- Reduction in heart rate probably contributes to the therapeutic benefits of some drugs used after acute myocardial infarction, in chronic heart failure and in stable angina pectoris.
- Pharmacists could advise patients with elevated resting heart rate to address any factors which increase heart rate, such as smoking and alcohol use.
- Medicine reviews could consider whether prescribed medications could increase heart rate. The review should also include conditions that potentially influence heart rate and drugs with chronotropic effects.

Mark Greener

Heart rate (HR) is the simplest cardiovascular parameter to measure – all it takes is a couple of fingers and a watch. But this simplicity belies its importance: HR is an influential and independent risk factor for cardiovascular disease, comparable in importance to smoking, cholesterol concentrations or hypertension. Yet, despite a compelling evidence base, healthcare professionals generally neglect its measurement, and it rarely features in cardiovascular management guidelines.

The control of heart rate

Autonomic tone is the main driver of HR. Hormones modulate it less potently than the parasympathetic and sympathetic nerves, which slow and increase heart rate respectively. Parasympathetic and sympathetic nerves also carry impulses back

Reflect

Did you know that an increased heart rate could be as important a risk factor for cardiovascular disease as raised cholesterol? What is a 'healthy' resting heart rate? What is heart rate variability? When carrying out MURs do you ever consider whether prescribed medications could increase heart rate?

Plan

This article could give you a better understanding of the factors controlling heart rate and the influence of drugs and lifestyle factors. It also considers how heart rate might be used to indicate the prognosis after a heart attack etc.

CPD This article can help in the following CPD competencies: **G1a, G1d, C1c, C2e, C3e**. See www.tinyurl.com/194zu

Physical fitness is influential on heart rate – a fit athlete could have a resting heart rate of just 30bpm, compared to over 100bpm for an unfit person

David Farrar

to the brain, allowing autonomic feedback. Without autonomic tone, the intrinsic activity of the sino-atrial node produces a resting heart rate (RHR) of between 100 and 120 beats per minute (bpm). Usually, however, parasympathetic activity dominates, slowing the healthy RHR to between 55 and 70bpm.

Heart rate variability (HRV) measures the beat-to-beat change in HR, and allows the cardiovascular system to respond rapidly to stress and environmental changes. Impaired HRV, which usually arises from autonomic dysfunction, is generally associated with increased morbidity and mortality.

Numerous factors influence RHR and HRV. For example, changes in respiratory rate can alter HR by 12 to 15bpm. Air pollution and occupational exposure to certain chemicals can reduce HRV. Mental and physical stress increase sympathetic activity and, therefore, HR. Physical fitness is also influential. Occasionally an unfit, sedentary person will have a RHR over 100bpm, compared to just 30bpm in some endurance athletes. Furthermore, several diseases alter autonomic balance including iron deficiency anaemia, myocardial infarction (MI), hypertension, chronic obstructive pulmonary disease, allergic rhinitis, diabetes and depression.

Diabetic autonomic neuropathy can cause numerous symptoms including constipation, diarrhoea, neurogenic bladder, erectile dysfunction, anhidrosis and impaired HRV. A meta-analysis that included 15 studies of people with diabetes reported that cardiovascular autonomic dysfunction (assessed using HRV) increased mortality almost fourfold. Furthermore, a fifth of asymptomatic people with diabetes show abnormal cardiovascular autonomic function.

Depression and CVD are common, so it is not surprising that some people have both conditions. Nevertheless, depression seems to worsen cardiovascular outcomes after adjusting for other risk factors. One study found that 41 per cent of patients hospitalised with unstable angina were clinically depressed. These patients were almost seven times more likely to die from cardiac causes or suffer a non-fatal MI during the year after enrolment than those who were not depressed, after controlling for other prognostic factors. The pathogenesis underlying the link between depression and CVD requires further investigation. However, people with depression who are otherwise healthy show raised concentrations of plasma catecholamines and other markers that suggest alterations in their autonomic nervous systems. Depressed patients with CHD show elevated heart rate, low HRV, exaggerated HR responses to physical stress and greater-than-normal variability in ventricular repolarisation. Again, these changes are characteristic of autonomic dysfunction.

Heart rate as a prognostic indicator

Many people with raised HR show several other cardiovascular risk factors, including hypertension, dyslipidemia, raised blood glucose and insulin levels, and excess weight. Indeed, HR increases in line with the individual's number of cardiovascular risk factors. Nevertheless, HR independently predicts prognosis even after correcting for these and other factors.

Raised HR offers an easily measurable surrogate for many pathogenic changes driven by sympathetic activity that contribute to coronary artery disease including hypertension, increased coronary vasoconstriction, myocardial oxygen consumption and platelet aggregation, as well as reduced diastolic perfusion time and plaque stability. In other words, high HR both causes and indicates pathological changes associated with heart disease.

Against this background, HR is especially valuable to indicate prognosis following MI, congestive heart failure, diabetes mellitus or hypertension. For example, HRV declines within two to three days of an MI and begins to recover after a few weeks. However, the maximum recovery takes between six and 12 months, although HR rarely shows the pre-MI variability. Persistently impaired HRV after an MI seems to increase mortality almost three-fold compared with normal HRV.

Furthermore, in patients with untreated hypertension, each HR rise of 40bpm increased the risk of cardiovascular and coronary mortality by approximately 70 per cent, and all-cause mortality by 114-118 per cent, over a 36-year follow-up. Numerous other studies confirm that HR increases mortality in people with heart disease and the general population. Indeed, the increase in risk associated with raised HR is continuous and graded. In other words, in common with LDL-cholesterol or blood pressure, the higher the HR above

Heart rate by numbers

In mammals, HR is inversely related to life expectancy and is constant within one order of magnitude, despite life spans that vary more than 40 fold. For example, a shrew weighs 2g and lives about a year. A blue whale reaches 100,000kg and lives 118 years. Nevertheless, total oxygen consumption per kg and the moles of ATP used per kg over the animals' lifetimes differ by just 10 per cent. The total number of heartbeats over the course of a shrew's and blue whale's life are 6.6×10^8 and 11×10^8 respectively, despite a 5×10^7 difference in heart weight and a 3×10^8 difference in stroke volume. Humans are the exception, probably because of changes in lifestyle, nutrition and public health as well as antibiotics, vaccines and other drugs which extend longevity. The mean number of heartbeats over a human lifespan is around 30×10^8.

60bpm, the greater the risk. This association between HR and mortality seems to reflect a fundamental relationship between cellular energetics and lifespan.

Against this background, reducing HR would appear to offer a logical therapeutic target, especially in certain high-risk groups. Beta-blockers, non-dihydropyridine calcium channel blockers and ivabradine, a new treatment for stable angina, reduce HR. The reduction in mortality in people with coronary artery disease on beta-blockers partly arises from this property. Lowering HR seems to reduce the risk of hospitalisation and mortality in chronic heart failure and may improve outcomes in stable angina pectoris. Unfortunately, no studies have characterised the risk-benefit ratio or cost-effectiveness of lowering HR in people without overt heart disease.

Clinical implications

Despite the considerable epidemiological evidence, HRV remains a research, rather than clinical, tool for several reasons including its relatively low positive predictive value and a lack of a standardised methodology. Nevertheless, regular HRV measurement may be appropriate for people with diabetes. HRV testing may aid differential diagnosis and help determine whether symptoms such as erectile dysfunction, dyspepsia and dizziness arise from autonomic dysfunction. Furthermore, detecting autonomic dysfunction may prompt patients and physicians to improve metabolic control or review treatment.

Measuring RHR is, however, both informative and simple to perform in community practice. In the general population, RHR over 90bpm appears to be associated with poor outcomes. Defining the optimum for individual patients is difficult, but the Heart Rate Working Group suggests maintaining RHR "substantially below" 90 to 100bpm, the traditional tachycardia threshold. It also advocates including HR measurement and modulation in future guidelines for managing cardiovascular disease.

In the meantime, pharmacists could advise patients with elevated RHR to address any factors that potentially increase HR such as chronic stress or depression, drug abuse (eg amphetamines and cocaine) and excessive alcohol and caffeine intake.

Elevated RHR is yet another good reason to quit smoking. After adjusting for confounders, mean HR was approximately 2.9 and 1.4bpm higher among men and women respectively who currently smoked compared with ex-smokers or those who had never smoked. Smoking cessation, reduced alcohol consumption and increased exercise all enhance parasympathetic drive, thereby restoring the autonomic balance. This may partly account for the therapeutic benefits associated with these lifestyle changes.

Medicines use reviews could consider whether prescribed medications (eg hydralazine, thyroid hormones, catecholamines, aminophylline) could increase HR. The review should also include conditions that potentially influence HR (eg type 2 diabetes, obesity and thyrotoxicosis) and drugs that can show chronotropic effects (such as digoxin, beta-blockers, diltiazem and verapamil) to gain a full picture.

Modern medicine is increasingly high-tech. Imaging systems can visualise the inside of the body in unprecedented detail. Genomic investigations raise the prospect of predicting the ills our flesh will become heir to on the day we are born. Stem cells may allow us to replace diseased and damaged organs. These are, undoubtedly, scientific and technical triumphs. But such progress shouldn't blind us to the value of traditional clinical skills. There's still much you can learn with two fingers and a stopwatch.

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Continuing Professional Development CPD

Act

- Revise the basic physiology of the heart, including the cardiac cycle and electrical conduction. Try http://www.nda.ox.ac.uk/wfsa/html/u10/u1001_01.htm.
- Make a list of medicines that increase heart rate.
- Add to the list the lifestyle factors and medical conditions that can increase heart rate.
- Check with your PMRs whether you have patients taking these drugs or who are otherwise at risk of an increased heart rate, who might benefit from lifestyle advice.
- Similarly, when planning MURs check whether you have patients for whom the above factors might be significant.
- How would you know if any of your patients have an elevated resting heart rate? Should you find out?

Evaluate

- Are you now more aware of the importance of heart rate variability in cardiovascular risk? Should this influence the way you carry out MURs in future, or do you think this is a role more suited to GPs?

A Practical Approach — Glandular fever

Mrs Brandon brings her 16-year-old daughter, Louise, into Update Pharmacy. Pharmacist David Spencer is at the counter.

"Could you recommend anything for Louise?" says Mrs Brandon. "She's been really off colour for a couple of weeks, and quite ill. She's studying hard for her GCSEs, and I wonder if that's getting her down. I thought you might be able to recommend some vitamins or something."

"How are you feeling, Louise?" David asks.

"Just tired all the time and a bit ill."

"Can you be more specific?"

"You won't get much out of her," interjects Mrs Brandon. "Besides not being well, I'm afraid she's going through a typical uncommunicative teenager phase. I'll do the talking if that's alright with you, Mr Spencer."

"Is that OK with you Louise?" asks David. Louise nods wearily, so he continues: "You describe her symptoms then, Mrs Brandon."

"Well, it's like a mild dose of flu. She's been very tired, with headaches and a sore throat. Her temperature's been high and she's off her food."

"Are the glands in her neck swollen?" asks David.

"Yes, they are."

"Well, you ought to take her to the doctor to be sure, but I think Louise has glandular fever."

"Will the doctor give her antibiotics?" asks Mrs Brandon. "And will she have to stay off school until she's better?"

Questions

1. What is glandular fever and what is the cause?
2. Who is most likely to get it?
3. How is it transmitted, what is the incubation period and for how long is a sufferer infectious?
4. What is the prognosis?
5. What is the treatment?
6. What are the answers to Mrs Brandon's questions?

Answers

1. Glandular fever (infectious mononucleosis) is usually a self-limiting disease caused by infection of B lymphocytes by the Epstein-Barr virus (EBV), a member of the herpes virus family.
2. In developed countries, clinical infection is most common between ages 15 and 25. Peak incidence is 14 to 16 for girls, and 16 to 18 for boys. It commonly occurs in congested, confined spaces, eg schools.
3. Through infected saliva, usually kissing, and naso-pharyngeal droplets, eg sneezing, coughing. Incubation is usually four to eight weeks. Oral secretions transmit infection for up to six months.
4. Symptoms usually last for two to four weeks, but can persist for several months. A bout of the illness usually confers lifelong immunity.
5. Rest, fluids to ensure adequate hydration, analgesics.
6. Antivirals are ineffective; antibacterials are used only to treat secondary infections eg "strep" throat. There is little point in keeping Louise off school once she feels well enough to go, as up to 90 per cent of the population carry EBV and most infections are sub-clinical.

CPD This article can help in the following CPD competencies: **G1a, C1f, C1c, G1d, G2c.** See www.tinyurl.com/194zu

Rimonabant maker replies to criticism

Gavin Atkins

Rimonabant manufacturer Sanofi Aventis has hit back at critics after the drug came under fire from two heavyweight journals.

The company is seeking an OTC licence to sell the drug in Europe, but a meta-analysis published by the Lancet this week suggested the drug could make people susceptible to depression and anxiety.

Another meta-analysis published by the BMJ found that weight losses associated with anti-obesity drugs in general were 'modest', and an editorial argued that when sold over the counter the medicines would be ineffective in patients lacking support and strong motivation.

The company issued a statement saying that the meta-analyses included no new information, and that the authors' extrapolation of certain elements of the data seemed to be the sole result of the authors' opinion.

The Lancet study found that although patients taking rimonabant had a 4.7kg greater weight reduction than those given placebo, patients taking the drug were two and a half times as likely to discontinue the treatment because of depressive mood disorders and three times as likely to stop treatment due to anxiety.

It concluded that physicians should be alert to these potentially severe psychiatric adverse reactions.

The BMJ metastudy found that the anti-obesity drugs orlistat, sibutramine and rimonabant were only modestly effective over periods up to four years, and that they had various cardiovascular effects and side effects, including mood disorders in the case of rimonabant.

In an accompanying BMJ editorial, Professor Gareth Williams of the University of Bristol wrote that selling anti-obesity drugs OTC would perpetuate the myth that obesity can be fixed by popping a pill, and could undermine efforts to promote healthy living.

www.thelancet.com
www.bmj.com
http://en.sanofi-aventis.com

Prexige pulled from UK

The osteoarthritis drug Prexige (lumiracoxib) has been withdrawn from the UK market with immediate effect.

Manufacturer Novartis Pharmaceuticals pulled the selective Cox-2 inhibitor following a request from the UK drug regulator.

The Medicines and Healthcare products Regulatory Agency called for the suspension following an apparent increase in the number of serious liver reactions occurring with the drug. These occurred at the licensed 100mg dose, some after short-term use, says the MHRA.

Pharmacists should stop dispensing Prexige, and return stock to wholesalers. Patients who are taking lumiracoxib and feel unwell (for example, nausea, anorexia, vomiting, stomach pains, dark urine or skin itching or yellowing) should discontinue treatment and see their doctor immediately. Patients who feel well may continue with the tablets but should arrange an appointment with their prescriber as soon as is convenient.

For more information, see www.mhra.gov.uk or call Novartis medical information on 01276 698370.

Exubera switch details

Information on switching patients on Exubera to another insulin product has been issued by Pfizer.

The letter advises transferring individuals using the inhaled insulin as monotherapy to a long-acting insulin. Patients who use a long-acting insulin alongside Exubera should swap the inhaled product for a short-acting mealtime insulin. A conversion table is given in the Exubera SPC (http://tinyurl.com/2xsxcr).

The withdrawal of Exubera was announced last month, following huge commercial losses. The product will be available until mid-January. For more details, call Pfizer medical information on 01304 616161.

Clinical Alerts

MHRA alerts

Protelos 2g granules (strontium ranelate) Advice issued on ensuring female patients are alert to the risk of severe allergic reactions, and the appropriate course of action if a rash develops.

Betaxolol hydrochloride eyedrops 0.5 per cent (FDC International) All stock recalled due to rough surfaces on the dropper tip. Return to supplier for credit. For more information, telephone 01329 841560.

Sodium cromoglicate eyedrops 2 per cent (FDC International) All stock recalled due to rough surfaces on the dropper top. Return to supplier for credit. For more information, telephone 01329 841560.

www.mhra.gov.uk

New products

Ecalta 100mg vials (anidulafungin) Indicated for treatment of invasive candidiasis in non-neutropenic adult patients. Pfizer, tel: 0845 608 8866.

SPC changes

Byetta injection range (exenatide) Information updated on concurrent prescribing with oral contraceptives.

Competact 15mg/850mg tablets (pioglitazone plus metformin) Removal of contraindication of combined use with insulin.

Invirase 500mg tablets (saquinavir) Updated information on concurrent use with methadone.

Typhim VI (typhoid vaccine) Increased age of indication in children to two years. Warning on tiredness included.

Lipitor 10mg, 20mg, 40mg and 80mg tablets (atorvastatin) Adverse effects and interactions sections updated.

Zocor 10mg, 20mg, 40mg and 80mg tablets (simvastatin) Hepatic failure added to undesirable effects section.

Fosamax Once Weekly 70mg tablets (alendronate sodium) Advice on providing a dental examination before starting treatment for patients with concomitant risk factors, such as cancer or periodontal disease.

Minocin MR 100mg capsules (minocycline) Interactions section updated to include systemic retinol and other systemic retinoids. Adult tooth discolouration listed as adverse effect.

Gibenese 5mg tablets (glipizide) Now indicated as an adjunct to diet in type 2 diabetes where dietary management has failed.

Dostinex 0.5mg tablets (cabergoline) Pathological gambling, increased libido and hypersexuality added to warnings and side effects.

www.emc.medicines.org.uk

Banishing bugs

The Don't Bug Me! patch is a new option for repelling biting insects. Containing vitamin B_1 and aloe vera, each patch gives protection for 36 hours, says distributor Relax UK. It should be applied two hours before expected exposure and is safe for children.

Vitamin B_1 is absorbed into the bloodstream transdermally and excess secreted through the pores, creating an odour said by Relax UK to be almost undetectable to humans but offensive to insects including mosquitoes. Aloe vera accelerates absorption of vitamin B_1. PR activity supports the launch.

Price:
£5.95/5
Relax UK
Tel: 01206 369242
www.dontbugmepatch.co.uk

Battle commences

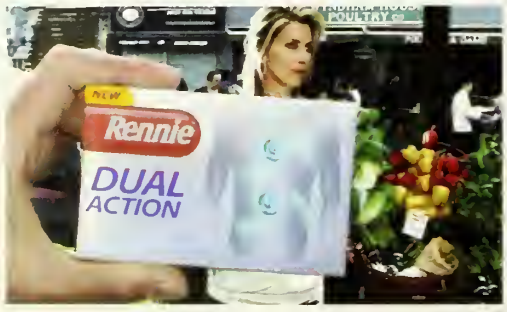
Support this winter for the Beechams cold relief brand is underway with TV, press and outdoor advertising running until February. The promotional spend exceeds £6 million, reports manufacturer GSK.

The TV activity features a new creative, positioning the brand for 'fighters' who want to get on top of their cold symptoms. Cold sufferer Brian is seen with Beechams All in One in a spoof documentary under attack from Napoleonic soldiers representing cold symptoms. It ends with the strapline 'Fight back with Beechams'.

An outdoor campaign runs until mid December with a focus on the London underground and rail networks in London and the south east. Press and PR activity support.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Festive preparations



Support for Rennie Dual Action continues in the run-up to Christmas. Launched in March, the heartburn and indigestion treatment is the subject of a £3 million national media advertising campaign.

TV ads, showing how the product helps a woman maintain a 'spring in her step' when suffering heartburn, are being screened on terrestrial and satellite channels until mid December. Radio advertising until Christmas Eve aims to help Rennie capitalise on demand over the festive period, says manufacturer Bayer.

Product info:
Ceuta Healthcare
Tel: 01202 780 558

Lil-lets freshens up

The Lil-lets feminine hygiene brand is unveiling a new product and a new look for 2008.

Lil-lets Light is a mini tampon, said to be the lowest absorbency tampon in the UK, designed for use on lighter days and for new users at the younger end of the market. It will be available from January and will replace the existing mini tampon. Packs of 16 will retail in line with other 16s, says Lil-lets.

A new logo adopts an oval shape while retaining the brand's blue shade and flower icon. A new absorbency colour-coded halo will aid product selection.

Product info:
Lil-lets UK Ltd
Tel: 0121 327 4750

Pocketful of changes

The Bisodol pocket pack has been updated. A consumer-friendly, easy-to-open cap featuring a tamper-proof seal has been introduced in response to market research, says manufacturer Forest.

The flip-top caps are colour coded green for extra strong mint and blue for original peppermint. Larger, clearer labelling has been introduced on the reverse.

Product info:
Forest Laboratories
Tel: 01322 550550

Products in brief

SPC change

The SPCs for Tixylix Dry Cough, Tixylix Cough and Cold, and Tixylix Night Cough have been updated to include the additional warnings 'Immune system disorders: hypersensitivity reactions, anaphylaxis'.
The change was triggered by a request from the MHRA following a review of pholcodine products.
Novartis, Tel: 01403 210211

Helping you treat coughs from the inside out

Coughs are as varied as people – you can no doubt hear the difference between a dry cough and a chesty cough at 50 paces. The Benylin cough range offers an effective, tailor-made treatment for each of your customers, whatever their cough. Benylin is also investing £8M in communication initiatives, including consumer media and pharmacy training programmes, for the 2007/08 season.

Supporting your expertise in Cough

Benylin Chesty Coughs (Non-Drowsy) Product Information: Presentation: Red syrup containing 100 mg Guaifenesin and 1.1 mg Levomenthol per 5 ml. **Uses:** Symptomatic relief of cough. **Dosage:** Adults and children over 12 years: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily, children under 6 years: not recommended. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Do not use in persistent or chronic cough, e.g. asthma, or cough accompanied by excessive secretions; caution in severe renal or hepatic impairment. **Pregnancy and Lactation:** Consult doctor before use. **Side effects:** Very rare. **RRP:** 125ml £3.49, 150ml £4.19 and 300ml £6.99. **Legal category:** GSL. **PL Holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL Number:** 15513/0056. **Date of preparation:** August 2007.

Benylin

www.benylin.co.uk

Kodak launches GS Compact Digital Photo Kiosk

An exciting new way for retailers to create an extra revenue stream and attract more customers

Retailers are continually looking for innovative ways to increase profit and customer footfall. Now, Kodak has introduced the GS Compact, a stylish kiosk for self-service photo-printing which enables stores to create a new revenue stream by tapping into the high-growth digital photography market.

With the Kodak GS Compact (RRP £2,000), customers can develop their digital pictures at the point-of-sale in exciting new ways. Designed to sit on the counter-top, it offers retailers with limited space, or those who wish to enter the photo-print market, a new source of business.

The market for digital photo-printing at the point-of-sale continues to expand. As more consumers use digital cameras and mobiles to take photographs, many prefer the convenience of printing in-store rather than at home.

The GS Compact is the first photo-kiosk customised to meet the needs of smaller retailers and is well-suited for locations with demand for 30-50 prints a day. It can be set-up in less than 15 minutes, so that, almost immediately, retailers can offer 4x6, 5x7, and 6x8-inch print sizes for customers, plus photo ID prints, mobile phone mini prints, and the innovative Kodak picture CD.

A 4x6-inch print can be produced in just eleven seconds, and all prints come from a single roll media pack, so there's no need for ribbon or paper changes.

Customers get Kodak lab-quality prints that last a lifetime, together with Perfect Touch Technology, ensuring rich vibrant colours, sharp details, and fewer dark shadows. All photos are printed on trusted Kodak XTRALIFE Paper – stain-resistant, waterproof, and easy to wipe clean.

The intuitive touch screen lets customers preview, select and print the exact images they want. They can also zoom, crop, adjust brightness, and reduce red eye.

Designed to provide a future-proof investment, the GS Compact features memory card slots for popular digital formats including SD, mini SD, xD, USB, CD-Rom, and DVD-Rom. The unit also has Bluetooth capabilities for mobile phones and PDA devices.

The system is backed by Kodak's proven expertise in kiosks, leveraging award-winning software used on more than 85,000 full-sized kiosks worldwide.

"The Kodak GS Compact has been launched at an exciting time for retailers," explains Phil Cullimore, Kodak's head of retail printing.

"Christmas and New Year are busy times for photo-printing, with pictures of family, office parties, and nights out with friends, all being taken. The GS Compact gives retailers the opportunity to tap into this festive action."

For further information about the Kodak GS Compact, phone Esta Charles, Tetenal, on 0870 460 8199, e-mail esta.charles@tetenal.com Or visit www.kodak.co.uk

Kodak

Cold sore defence

Uvistat Lipscreen is targeting skiers prone to sunlight-induced cold sores with an ad campaign running in skiing magazines during December. It is the first time the product has been positioned for the prevention of cold sores, reports LPC.

Further promotions next year will target other outdoor activities including sailing, fishing and gardening.

The lipscreen offers SPF50 protection with the maximum five star UVA rating. It is transparent on application and moisturises the lips, preventing chapping. Up to 40 per cent of people suffer with cold sores, which can be triggered by sunlight or stress.

Product info:
LPC Medical
Tel: 01582 560393

Vicks' green light

Vicks has launched a range of digital thermometers. The Fever InSight range comprises three models using a traffic light system correlating to the body's temperature with green for a normal temperature, yellow for slightly elevated and red for a possible fever.

For axillary, oral or rectal use, the SpeedRead and ComfortFlex models have a hypoallergenic gold tip and give a reading within eight seconds. They are waterproof and have a memory recall feature.

The ComfortTouch forehead thermometer gives a reading when held on the brow for three seconds.

All three models are backed up by a three year warranty.

Price:
Price: SpeedRead £12.99;
ComfortFlex £14.99;
ComfortTouch £34.99
Kaz Consumer Products
Tel: 01344 393033

Products advertised on TV next week

Ambi Pur: All areas
Bassetts's Soft&Chewy Omega 3 Extra: GMTV, five, Sat
Benylin Cold&Flu Max Strength Capsules: All areas
Benylin Chesty Coughs (Non-Drowsy): All areas
Bimuno: Meridian
Bonjela: Sat, C4, five
Covonia: GMTV, Sat, five
Gaviscon Liquid and Handy Pack: All areas
Glucosamine Liquid and Handy Pack: All areas
Nurofen Express: All areas
Optrex: All areas
Rennie Dual Action: All areas
Seven Seas' JointCare & CLO: All areas
WindSetlers and Setlers Heartburn: GMTV, five
PharmaSite for next week: Ibuleve – windows, **Ibuleve** – in-store, **Ibuleve** – dispensary
Pharmacy channel: Murine, Senokot Dual Relief, Clearly Herbal Natural Baby Wipes

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Solpadeine 'Paint The Town Red'

Independent Pharmacy Winning Windows

The following pharmacies sited the best Solpadeine window displays and as such have been voted the winning pharmacy by each GlaxoSmithKline Consumer Healthcare sales territory.
Each pharmacy will receive a prize from their local Territory Business Manager in due course.

Chemycare Pharmacy, Coventry, Warwickshire Mr. Joshi

Parklands Chemist, Ponteland, Northumberland Sue Graham, Karen Oselton & Ann Stephenson
"Solpadeine has always been a strong seller for us but the window definitely encouraged more new users to try it"

Staying alive

As part of C+D's security series this month, **Sasa Jankŏvić** finds out how pharmacists can stop violence and abuse being 'part of the job'

A survey by the British Retail Consortium (BRC) shows a 50 per cent rise in acts of violence against shop staff, with the number of incidents per store up by 18 per cent. According to the TUC, one in five people are attacked or abused every year at work with the resulting stress, depression and injuries disrupting many lives.

As a result, the BRC and the Union of Shop, Distributive and Allied Workers are calling on the home secretary to push local crime and disorder reduction partnerships – bringing together the police, local authorities, probation service, health authorities, the voluntary sector, local residents and businesses – to give crime against shop workers the same level of attention as crime and anti-social behaviour in residential neighbourhoods.

Who is at risk?

According to the Health and Safety Executive, any incident in which an employee is "abused, threatened or assaulted by a member of the public in circumstances arising out of the course of his or her employment" constitutes violence.

Anyone whose job brings them into contact with the public can be at risk, and those in retail and the caring professions – such as pharmacy – are more vulnerable. Often it is a combination of factors, so you need to be more vigilant if you work unsocial hours; work alone – The Health and Safety Executive reports 1.3 million attacks on lone workers in the UK every year; handle money; work with violent people or have to cope with distressed or angry patients or relatives.

The impact

More than three million working days are lost due to violent incidents at work every year, with the cost of lost production and compensation running into hundreds of millions of pounds. Then there is the cost to the NHS – estimated by the National Audit Office to be £173m – and the benefits system, which has to deal with the fallout.

There is also the impact on the victims, who may suffer physical injuries as well as psychological trauma. Employees may need time off work to recover, which can prove costly to their employer, and if a pharmacy has a history of violent incidents, recruitment and retention of staff could also become an issue.

What can be done?

Employers have a "duty of care" under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 to provide a safe place of work, which includes assessing and preventing violence to employees.

While some violent incidents cannot be predicted, many are foreseeable, so carrying out a risk assessment will help identify these.

Conflict management training consultant Maybo advises a three-stage violence risk assessment. First, what actions can be taken to prevent conflict arising or reduce the frequency and impact of incidents? This includes making staff aware of the situations they might face and customers they may encounter. Second, how can staff prevent conflict escalating into violence? This typically involves the use of interpersonal skills, such as conflict resolution training. And finally, staff need to know how to disengage themselves from conflict, as well as how to report and record any events.

It is usually a combination of factors that gives rise to violence, so in addition you need to ensure your staff are confident, as a nervous atmosphere can sometimes increase the risk. Make sure your security measures are up to date, such as video cameras or alarm systems and coded security locks on doors to keep the public out of staff areas, and try to maintain staffing levels to avoid a 'lone worker' situation.

John Murphy, general manager of the Pharmacists' Defence Association, clarifies: "While it is the collective responsibility of all in pharmacy to do whatever they can to ensure that the working environment is as safe as possible, it is primarily the responsibility of employers to ensure the safety of their staff. While the availability of funding is a problem, it does not provide a defence for an employer who has failed to take adequate measures to ensure the safety of staff and, as a result, a staff member is subsequently harmed."

Staff responsibilities

But staff have responsibilities too. Encourage them to discuss the issue of violence at work and bear in mind that the best ideas for prevention often come from staff dealing with the problems every day. Make them aware of your risk assessment and reporting procedures, as well as the importance of recording any incidents, which could be vital if an attack means someone has to go to court to get compensation or act as a witness in criminal proceedings.

Following the agreement by NHS Security Management Service (NHS SMS) to provide conflict resolution training to all NHS staff by 2008, the Association of Chief Police Officers and the NHS SMS signed a joint agreement to tackle violence in the NHS, ensuring every incident is investigated. The NPA supports this training and encourages all members to report incidents of violence in the pharmacy to their local police and the security management specialist at their primary care organisation.

Training matters

Three years ago, Maybo reviewed retail training needs to tackle workplace violence on behalf of the BRC, and found that the majority of assaults occur when staff confront, arrest and detain thieves. Bill Fox, managing director of Maybo, says: "Training in communication, conflict management and personal safety awareness should be a minimum standard for all staff who face abuse."

The Maybo report sets out the likely training needs of staff in different roles, which range from awareness raising for sales assistants to more comprehensive conflict management training and physical intervention skills for managers and staff who may become involved in an escalating situation or arrest.

An NHS SMS survey found that training designed to prevent violence and abuse led to NHS staff feeling safer at work. Nine out of 10 staff trained by the NHS SMS in conflict resolution said they could manage verbally abusive patients, compared to six out of 10 before the training. The survey also revealed 67 per cent of NHS staff trained felt safe from violence at work, compared to 47 per cent before training. In respect of verbal abuse, 56 per cent of NHS staff surveyed felt safer, compared to only 43 per cent before training.

Ultimately, if your staff feel safer and are safer, your customers will be too, and this will have an effect on the success of your business. Taking measures to reduce conflict will enhance productivity and customer service, and so improve your bottom line.

Anyone whose job brings them into contact with the public can be at risk.

Further information:

- NHS SMS offers training in – among other things – personal safety, conflict resolution, dealing with conflict on the telephone, and lone working. Call 020 7895 4777 or email comdev@cfsms
- Maybo runs courses in conflict management, tailored to meet the different needs of staff at risk. www.maybo.com
- The Suzy Lamplugh Trust advises business on safe working practices and individuals about personal safety. Tel: 020 8392 1839
- Victim Support provides free, confidential support and information to victims of crime. Call 0845 3030 900 or visit www.victimsupport.org.uk

A hearty welcome

Nicola Matlock of Park Lane Pharmacy in Carshalton offers a range of high-tech tests for patients, including heart rate monitors and bone density scans

Under the white coat

- The best part of my job is contact with patients. You get to see a variety of people and talk to them about their lives in general, which is probably the best bit.
- When I was younger I wanted to be a primary school teacher, you don't quite get the same holidays with pharmacy.
- My funniest moment in pharmacy, looking back, was when I had some body parts exposed to me by an old gentleman in the consultation room. I wasn't really expecting it!

Out of hours

- I don't have any really exciting hobbies, but I enjoy horse riding, going out to eat, seeing my friends, and going to the gym to try to keep fit.
- My guilty pleasures are wine and chocolate, although usually not together.
- My ideal dinner party guest would be my boss, Ketan Agravat, he is charming and has a great sense of humour.

The heart rate service started when we were approached by a company who wanted to place their monitors in pharmacies. The service costs £40, and patients wear the heart rate monitor for eight hours on a belt. It records their heart rate over that time period, to see what the risk of the patient developing heart disease is. We had somebody come in to show us how to use the service, but there wasn't a lot of training involved because we aren't interpreting the results, we send them on for cardiologists to analyse and they email their report on to the patients. The reports are colour coded, according to the risks, so they are very easy to understand.

I wanted to offer the service because I thought it would be useful for patients to see potential problems before they happen, and prevent disease. Patients are becoming more aware of their health and how to look after themselves, and more and more people come into my pharmacy and say they want a health MOT, to check on themselves and know they are OK, rather than waiting for something to happen and then having to deal with it.

Another service we have been offering is bone density scanning. The company came in for a day in August and tested patients who then got a report and a score based on how much their bones had deteriorated compared to what is expected due to the normal aging process.

These services are not big profit makers for us, that wasn't the reason we chose to do them. It was more to offer a more comprehensive service for our customers, and to show that we are capable of providing these services. We can also offer patients advice and support following the tests if they need it, like dietary and lifestyle advice, or supplements that they might be able to take.

The services don't take up a huge amount of our time, and the most difficult part has been promoting the services and getting people in to use them, particularly the heart rate monitors, but I think that is because it is such a new and innovative idea. We have let local GPs know about the services, and put adverts in the local papers. All the staff have worn the monitors, to help promote it as they know first hand what it involves, how to do it, how easy it is, and what the reports are like.

We have had very positive feedback, patients are quite surprised that they can get these services from a pharmacy, because they thought they could only get something like this if they were in hospital or if there was something seriously wrong with them. At the moment we're concentrating on the heart rate monitors, to help them really pick up so that it becomes one of our everyday services. And we're hoping to run more bone density scanning days to meet the demand.

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Dear John

John D'Arcy reveals why he called it a day at the NPA and how he is raring to go in his new role at Rowlands. **Max Gosney** reports

The year 2007 and a 10-year premiership draws to a close. A political heavyweight bows out for the final time amid tearful farewells from his long-serving aides. But this figurehead does not depart with Cherie to the glare of a thousand flashbulbs, instead his car turns north from the National Pharmacy Association's St Albans head office towards Runcorn and the Rowlands' job John D'Arcy will now call home.

"It was a great time to be NPA chief executive," Mr D'Arcy says of his appointment back in 1997. "The Blair government had just got in and it was a really successful period for pharmacy. The profession had made limited progress under the Conservatives and didn't know how to communicate properly with government."

Mr D'Arcy recalls the early years with pride. Pharmacy "got its act together" and began punching its weight on the political scene, he says. It was a personal triumph for a man who first came across the trade organisation after completing his pre-reg in 1981. "I turned up as a locum in London and the guy was nervous about employing me. To be fair I was also nervous about being left in charge," Mr D'Arcy explains. "So he said 'I'm going to write down a number on a piece of paper. If anything goes wrong ring them'."

The telephone number bought Mr D'Arcy into touch with the NPA. "I remember thinking that's a really crap logo, but this organisation must be good if it helps pharmacists like me. I still can't believe I worked for the NPA. I always rated them." Yet earlier this year Mr D'Arcy chose to sever his ties

D'Arcy on... apathy in the profession

> "When 19 per cent of your members vote in Council elections it's a sign of apathy. If you get elected to Council with 19 per cent, you might wonder what do the other 81 per cent think?"

D'Arcy on... criticism from MPs that pharmacy is over-represented

"It's none of their business how many representatives pharmacy has. Pharmacy bodies have collaborated when it matters on the OFT review and pseudoephedrine. How many medical bodies are there? You just don't hear about them"

and become commercial director at Rowlands. "This job came up. I thought I knew the Phoenix guys well and wanted to give it a go. There is a real hands on/can do feel about the place that creates a huge buzz. Having talked about a changing pharmacy marketplace for many years it is great to now have the opportunity to put some of the theory into practice. Community pharmacy is on the cusp of hitting primary care big time and it seemed to me that Rowlands is very well positioned to capitalise."

He denies any ill feeling behind his decision. "I was ready for a change. I'd been at the NPA for 16 years, a third of my life. I don't think I ran out of drive. But, I did ask myself what will happen now and in five or 10 years' time [if I stayed]." Nevertheless he admits to cutting ties with his old role. "Some people I will never speak to again. It's pointless getting sentimental," he reflects. "By now everything going wrong at the NPA will be my fault," he jokes.

Mr D'Arcy's exit has stripped pharmacy politics of one of its most engaging figures. Always a favourite at conferences, he became an inspiring figurehead for the community pharmacy sector. Upfront and not afraid to offer an opinion independent of his press office, Mr D'Arcy has the charisma to stand him in good stead in his new commercial role.

"There's an element of finding your feet in a new role," Mr D'Arcy reflects. "When I came here I wondered what the reality would be like. But, now it feels great to be part of such a terrific business." Mr D'Arcy will be charged with increasing the pace of medicines use reviews at Rowlands stores, he reveals. "Script volume is important. But of equal importance is getting MURs done. What we've got to do is find a model where the two functions can be fused together."

Getting the best out of both is about kitting out pharmacy premises and providing necessary support to staff, he says. "Rowland's philosophy is that we are here to support the branch staff." Yet many remain reluctant about MURs, he admits. "There's a lack of interest about what an MUR is and where it fits in. We've got to provide pharmacists with the tools so they are equipped for the job. And more needs to be done to promote the MUR concept to GPs and PCTs." If the profession can take the advanced service on board, then the opportunities are endless, Mr D'Arcy adds. "I was visiting a Rowlands pharmacist who did an MUR with a guy who had double the normal blood pressure. He picked it up and could have saved his life."

But despite his determination to deliver on MURs, Mr D'Arcy is not about to strip out any dispensaries from Rowlands' 450 stores. "The reason people come into a pharmacy is to collect a prescription. We look predominantly to script business and acquisitions tend to be primarily in or close by to healthcare centres."

However, the desire to do more than dispense drugs is being derailed by erratic NHS funding, he warns. "We've got the enhanced services under the contract. But it's a kind of wish list of five million and one different choices. The PCTs pull the funding and there is no continuity," he says.

Current enhanced services like minor ailments schemes and public health projects should be given national funds, the Rowlands commercial director says. However, the extra work should not go unrewarded, he adds. "The real frustration we have is we want to do all these services but no-one wants to put their hand in their pocket. We need greater direction from the centre to drive more productive engagement with primary care organisations at local level.

"At the same time we need to make sense of the growing devolution agenda and use the emerging pharmacy models in the UK countries to our advantage in advancing community pharmacy practice."

Mr D'Arcy will also be turning his attentions to raising Rowlands' profile. The retailer wants some of the recognition afforded to some of its rivals, he says. "We have a problem in terms of visibility because we are not in the high street locations." Mr D'Arcy's task could be eased by the proposed acquisition of 35 Nucare pharmacies in south east England. The stores will give Rowlands a foothold in an area where they are a relatively unknown. "I would like to see Rowlands having a much bigger profile in a year's time," Mr D'Arcy says.

Under the stewardship of a man at home in the industry limelight, you wouldn't bet against it.

D'Arcy on... enhanced services

"It's a kind of wish list of five million and one different choices"

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Shopfitting

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From: **Hawkeye on the web**

Date: **Sat 24.11.07**

Subject: **Marvellous marrows**

As the pictures and video on the site **amusingly** demonstrate, Mr Tyler lives in a **marrow wonderland**

Marrows. Not the kind of subject you'd expect to stir up much passion is it? Not unless you're Brian Tyler that is. To Mr Tyler, marrow is the most beautiful thing in the world. Growing good marrow is like scoring the winning goal at Wembley. Such is the extent of his love for the marrow that he built a website in its honour – www.ilovemarrow.com.

As the pictures and video on the site amusingly demonstrate, Mr Tyler lives in a marrow wonderland. He is, however, aware that many people do not and he's hoping the site will do something about it.

The reason being that ilovemarrow.com is the ingenious creation of leukaemia charity the Anthony Nolan Trust (www.anthonynolan.org.uk) and has been launched to coincide with Anthony Nolan Week between November 19 and 25.

The site, together with a viral email, encourages young men to sign up to become bone marrow donors and it's a great example of how the internet can be used to engage people in health campaigns.

Marrow is accepted from anyone between the ages of 18 and 40 but it is the marrow of males aged between 18 and 25, rich in blood stem cells, that the campaign is targeting. The Trust is also seeking marrow from black and minority ethnic populations.

At the heart of the PR push around Anthony Nolan Week are touching real life stories of people diagnosed with leukaemia that have been offered a lifeline from a donor on the register.

Examples include seven-year-old Jack from Gateshead (tinyurl.com/you9od) and dad-of-three Shaw McIntyre, from Whitburn, West Lothian, who was the perfect match for leukaemia sufferer Rachel Rack, who happened to live 5,000 miles away in Virginia, in the US (tinyurl.com/3drwl5).

These are the kind of stories that can't help but leave you feeling passionate about marrow.

What do you think?
Email thawkins@cmpmedica.com

... what's new on the C+D website ...

Chemist+Druggist
news · education

The top stories on the C+D news bulletin

1. Verdict delayed on 'superman' pharmacist
2. Wholesalers surprised at Astellas sole distribution deal
3. GP 'super centre' plans spark concern
4. Mystery shoppers ruled out
5. Peer calls for POM to P switch for the Pill

www.chemistanddruggist.co.uk/register

Chemist+Bloggist

"If ministers are serious about tackling teenage pregnancy, and about increasing the role of community pharmacies in sexual health, the Pill is a good place to start"

C+D's Westminster correspondent Colin Brown says proposals to switch the contraceptive pill from POM to P are in line with government plans to enhance pharmacy's role in primary care. But will the Department of Health put its money where its mouth is? Join the debate at www.chemistanddruggist.co.uk/opinion

Free email news
Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at www.chemistanddruggist.co.uk/register

Platinum Design Awards 2008

The Platinum Design Awards seek to recognise excellence in shop design and service innovation. The Awards are open to independent and multiple pharmacies that have:

- Refitted an existing pharmacy or fitted out new premises
- Created a successful professional healthcare retail environment through implementing an innovative service.

Entries can be made by:

- pharmacy owners or managers
- company head offices
- shop fitters/designers.

Prizes will be awarded in two categories

Pharmacy Design – For new premises and pharmacy refits, with:

- a first prize of **£3,000**, and
- a second prize of **£1,500**.

Service Innovation – With a prize of **£1,500**, given to an entry that, having undergone a refit and in the opinion of the chairman of the judging panel, demonstrates:

- innovation in the provision and delivery of services from the pharmacy, or
- a unique aspect or feature of the refit (eg consultation suite, dispensary equipment, clinic facilities), or
- a unique service or special achievement that has been attained ie: a service development under the pharmacy contract, clinic services etc.

The Platinum Design Trophy for Multiple Pharmacies

The Platinum Design Trophy will be awarded to the best entry in either category from a multiple pharmacy business, as determined by the judges. Any company which has five pharmacies or more trading under a common corporate identity is eligible for this special Award.

The closing date for entries is February 1, 2008

For entry forms:

- Speak to your Ceuta representative
- Download from www.chemistanddruggist.co.uk/
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